

**MOORE & VAN ALLEN, PLLC**

ATTORNEYS AT LAW  
2200 WEST MAIN STREET, SUITE 800  
DURHAM, NC 27705

OTHER OFFICES:  
Charlotte, NC  
Raleigh, NC

PHONE (919) 286-8000

FAX (919) 286-8199

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TO: Michael Lee  
FAX NUMBER: (703) 308-5841  
FROM: Richard W. Evans  
DATE: September 29, 1998

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#4

TOTAL NUMBER OF PAGES (including cover sheet): 12

CLIENT/MATTER: 012585-1

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**MOORE & VAN ALLEN, PLLC**

ATTORNEYS AT LAW

RICHARD W. EVANS  
DIRECT DIAL 919-286-8034  
E-MAIL [evansr@mvalaw.com](mailto:evansr@mvalaw.com)

2200 WEST MAIN STREET, SUITE 800  
DURHAM, NORTH CAROLINA 27705-4652

TELEPHONE 919-286-8000  
FACSIMILE 919-286-8199

PLEASE REPLY TO:  
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VIA FACSIMILE: (703) 308-5841

Group 2800  
Michael Lee, Examiner  
Commissioner For Patents and Trademarks  
Washington, DC 20231

**RE: Application of Robert E. Dorf, Serial No. 08/891,261 for  
MULTIFUNCTION CARD SYSTEM**

Dear Mr. Lee:

Please find enclosed a copy of Preliminary Amendment that has been filed with the Patent Office on September 28, 1998. As you requested, we are sending these documents to you by facsimile to insure their delivery before examination.

If you have any questions, please feel free to contact me.

Very truly yours,

MOORE &amp; VAN ALLEN, PLLC



Richard W. Evans

RWE/add  
Enclosures

EE628948927US

Attorney Docket No. 012585-1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert E. Dorf

Ser. No. 08/891,261

Filed: 10 July 1997

For: Multifunction Card System

Commissioner of Patents and Trademarks  
Washington, DC 20231

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## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Applicant is
  - ☐ a small entity. A statement:
    - ☐ is attached.
    - ☒ was already filed.
  - ☐ other than a small entity.

Certificate of Mailing (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being deposited with the United States Postal Service Express Mail Service, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Express Mail Label No. EE628948927US

Date of Deposit: September 28, 1998



Signature

TIM KROLL

Printed Name

**FEE FOR CLAIMS**

3. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST NO. PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>	<b>RATE (small entity)</b>	<b>ADDITIONAL FEE</b>
TOTAL: 66	MINUS: 31	35	x \$11	\$385
INDEP: 11	MINUS: 6	5	x \$41	\$205
First presentation of multiply independent claim			+\$135	\$
			<b>TOTAL ADDITIONAL FEE</b>	<b>\$590</b>

☐ No additional fee for claims is required.

☒ Total additional fee for claims required \$590.00.

**FEE PAYMENT**

☒ Attached is a check in the sum of \$590.00.

☐ Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_. A duplicate copy of this transmittal is attached.



Richard W. Evans  
Registration No. 33,381  
Moore & Van Allen  
Attorney for Applicant  
2200 West Main Street, Suite 800  
Durham, NC 27705  
(919) 286-8000